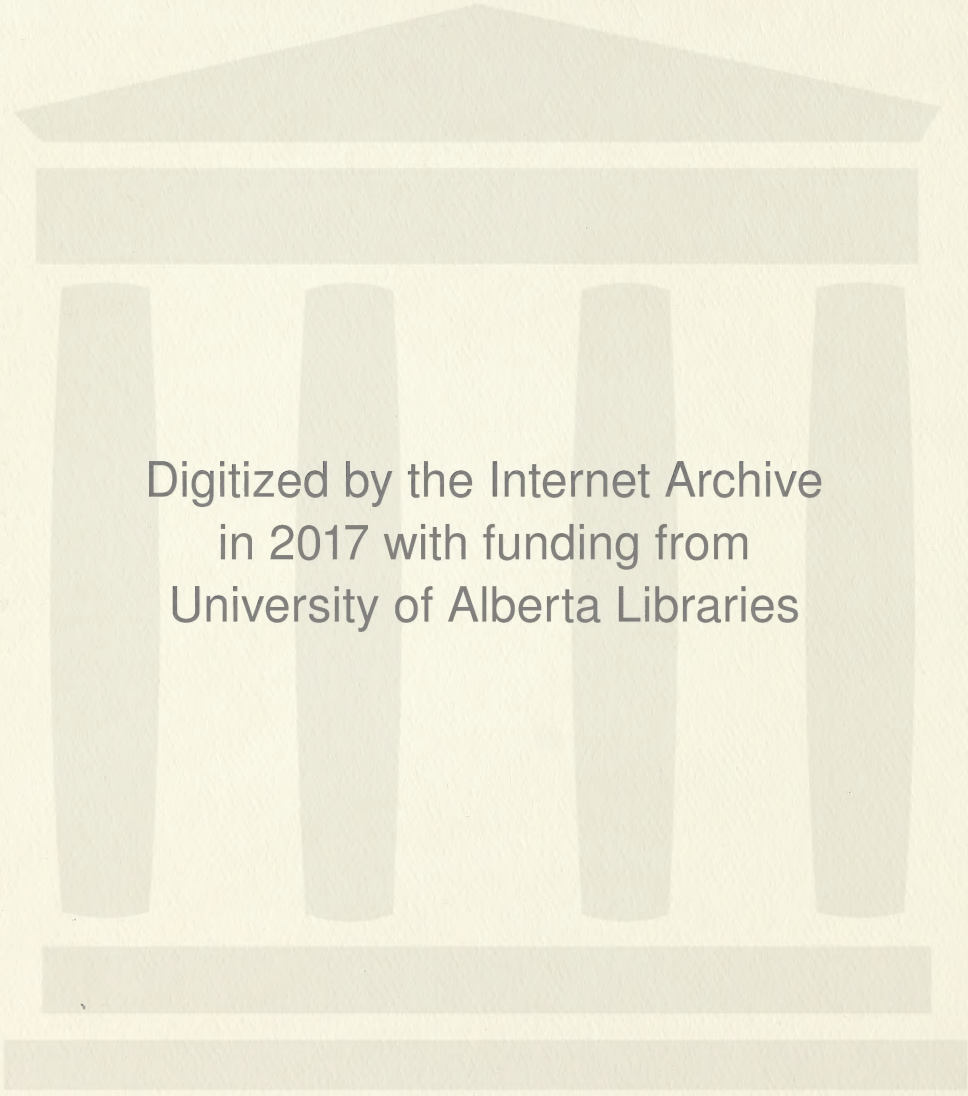
ANNUAL REPORT

MENTAL HEALTH PATIENT ADVOCATE OFFICE

1999

Alberta
HEALTH AND WELLNESS



ALBERTA
HEALTH

Office of the Minister

The Honourable Kenneth R. Kowalski
Office of the Speaker
Legislative Assembly of Alberta Room 325
Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Mr. Speaker:

I have the honour to present the tenth Annual Report of the Mental Health Patient Advocate, which summarizes the activities of his office for the calendar year ending December 31, 1999.

Respectfully submitted,

Halvar C. Jonson
Minister

228 Legislature Building, Edmonton, Alberta, Canada T5K 2B6 Telephone 403/427-3665 Fax 403/429-5954

Alberta
HEALTH

Mental Health Patient
Advocate Office

12th floor, Centre West Building
10035 - 108 Street
Edmonton, Alberta
Canada T5J 3E1

Telephone 780/422-1812
Fax 780/422-0695

In Replying Please Quote:

The Honourable Halvar Jonson
Minister of Health
Room 228
Legislature Building
Edmonton, Alberta
T5K 2B6

Dear Minister:

I am pleased to present you with the tenth Annual Report of the Mental Health Patient Advocate, summarizing activities for the calendar year ending December 31, 1999.

The report is submitted in accordance with the provisions of **section 47(1)** of the **Mental Health Act** for your presentation to the Legislative Assembly.

Respectfully submitted,

M.W. Hislop, PhD, CHE
Mental Health Patient Advocate

Contents

Mandate and Functions

The Mental Health Patient Advocate Office serves as a resource for the psychiatric community — assisting patients to understand and exercise their rights, and investigating concerns or complaints relating to formal patients involuntarily detained under the **Mental Health Act**. Formal patients are persons who are or have been involuntarily detained in designated mental health facilities under two Admission or two Renewal Certificates as prescribed in the **Mental Health Act**. Fourteen hospitals throughout the province are currently designated as psychiatric facilities able to admit and detain formal patients; a listing of these is provided in the Appendices. The Patient Advocate has a legislated, province-wide mandate and reports directly to the Minister of Health. The Minister in turn is required to lay copies of the Advocate's annual reports before the Legislative Assembly at times prescribed in the **Act**.

The office also monitors statutory and regulatory changes pertaining to psychiatric services and makes recommendations to appropriate authorities regarding systemic problems, administrative policies and mental health legislation. Systemic and rights information pertaining to psychiatric patients and services are offered as well to the general public. Office representatives routinely attend fatality inquiries involving formal patients and make regular site visits to most designated hospitals around the province on both a proactive basis and in response to individual or collective complaints.

The Patient Advocate Office is centrally located in downtown Edmonton. Inquiries or concerns about any individual who is or has been a formal patient may be directed to the office via telephone, correspondence or personal attendance at the office. Anyone may contact the office regarding inquiries, concerns or complaints on behalf of any person who is a current or former formal patient or for the purpose of obtaining general information pertaining to psychiatric patients and services. If it is uncertain whether an individual who is a subject of concern has been formally certified the Patient Advocate Office may be contacted directly and will ascertain the legal status of the patient. Telephone inquiries may be made to the Edmonton office at **(780) 422-1812**; calls from outside the greater Edmonton area may be placed free of long distance charges through the Alberta Government RITE Line **(310-0000-422-1812)**. Written complaints should contain as much detailed information as possible, be marked 'confidential' and mailed directly to:

Office of the Mental Health Patient Advocate
12th Floor, Centre West Building
10035 – 108 Street
Edmonton, Alberta
T5J 3E1.

All inquiries necessary to complete an investigation will be undertaken and the office can engage the services of lawyers, psychiatrists or other specialists to assist in this process if required. Whenever possible the office will attempt to resolve matters informally; 'official' procedures are not normally needed to address most concerns presented by or on behalf of formal patients. All inquires are conducted in strict confidence and the Patient Advocate Office will not disclose any information obtained during an investigation except as required by law or by the performance of its duties under the **Mental Health Act** and **Patient Advocate Regulation**. When an inquiry or investigation is completed the Patient Advocate Office will advise the patient and other principal parties as appropriate regarding the disposition of problems presented for resolution. Responses to inquiries not requiring formal investigative procedures are usually provided on a same day basis. In the case of more formal investigations notifications are provided in writing, and all facilities in which the patient has been detained will receive a report which includes case specific and/or systemic recommendations relating to the issues investigated. If an issue is non-jurisdictional the matter may be referred to an appropriate office or agency having authority to address the problem, if such sources are available. In this regard the Patient Advocate maintains open and reciprocal communications with numerous authorities offering mechanisms for redressing public concerns.

MISSION STATEMENT

To serve as a resource for psychiatric patients by:

- Assisting formal (certified) patients involuntarily detained in facilities designated under the Mental Health Act to understand and exercise their rights;
- Investigating and facilitating redress for concerns and complaints relating to formal patients;
- Assessing and recommending revision to facility procedures for:
  - Admitting persons detained under the Mental Health Act;
  - Informing formal patients of their rights;
  - Providing information as required by the Act to guardians, relatives or designates of formal patients;
- Advocating for amendments to mental health and other protective legislation as these relate to formal patients;
- Offering a consumer oriented source of information for psychiatric patients and others acting on their behalf;
- Supporting client perspectives in the development and implementation of mental health policies and procedures;
- Promoting public, professional and consumer awareness of rights related issues in mental health.

For the fourth consecutive year the Patient Advocate Office witnessed overall activity levels during 1999 which closely paralleled those of the previous year. Patterns of incoming calls differed somewhat, however, with resource service requests decreasing about 19 per cent from those documented in 1998. Case activity, by contrast, reflected an increase in new files of over 13 per cent during the year. The resulting total issues addressed in combined resource call and case file activity were down about six per cent, as were the total contacts required to resolve these respective concerns. These overall differences fall within the normal range of year to year variation, and thus the plateau in office activity observed over the previous three years was largely maintained during 1999.

Provincial data also reflect an apparent status quo with respect to both overall psychiatric admissions and numbers of patients certified under the **Mental Health Act**. Psychiatric admissions to designated facilities totaled about 12,400, with 2,800 of these patients requiring certification. Both figures are consonant with those recorded over the previous two years. Implications of this recent plateau in overall provincial activity are unclear. Either pressures on psychiatric services have leveled off since 1997 or the system is operating at maximum capacity given allocated resources and additional demands are not being addressed. Psychiatric 'holds' — patients detained for up to 24 hours but not fully certified — dropped nine per cent from last year to about 1,450. Average length of stay (ALOS) data for psychiatric in-patients in designated facilities are ambiguous this year. The overall ALOS dropped almost 11 per cent, but this results from a significant decrease of 23 per cent for two major provincial mental health facilities. Conversely, the ALOS for regional hospitals increased nearly seven per cent during 1999. These disparate ALOS observations are difficult to interpret and may simply reflect errors in the data compiled and released by the Canadian Institute for Health Information.

A typically wide range of problems was presented to the Patient Advocate Office for resolution again in 1999, with many continuing to be legal in nature or at least having legal implications. I attempt in these annual reports to provide a brief sampling of issues raised in order to reflect the range of concerns confronting the office in addition to routine inquiries about rights provisions of the **Mental Health Act**. Less common issues presented during the past year included questions pertaining to the authority of hospital security officers on special constable status to apprehend and detain patients in the absence of a Form 8 or Form 10 under the **Mental Health Act**. Others have involved the inability to tamper or interfere with patients' mail in instances where copious written communications of an abusive nature were being distributed via Canada Post. Some presenting problems have revealed confusion with respect to the ordinal listing of persons designated under the **Act** as having authority to provide surrogate decision making in instances where formal patients are deemed

incompetent to give informed consent for treatment. Questions have arisen as to whether individuals listed in this hierarchical roster can be bypassed if it is felt they would not act in patients' best interest. In a few cases attempts have been made to use this roster as a 'shopping list' when desired responses from individuals taking precedence in the prescribed hierarchy of substitute decision makers have not been forthcoming. At least one of these instances involved an inappropriate attempt to engage the services of the Public Guardian Office as surrogate decision maker. These matters were for the most part rapidly resolved when appropriate feedback was given to principal parties regarding the **Act's** requirements for valid substitute consent.

Another uncommon concern entailed the Patient Advocate office working with hospital personnel, the Edmonton City Police Service, and Citizenship and Immigration Canada on behalf of a formal patient who was an American Citizen detained under both the **Mental Health Act** and the **Criminal Code**. Issues focused on the likelihood of the patient being deported to her place of residence in the United States without having access to her vehicle, which was abandoned when the patient was conveyed by police to the Remand Centre and later transferred to a psychiatric facility. This vehicle contained all of the patient's personal belongings and faced impounding upon the patient's hospitalization; it would remain impounded if the patient were deported. This complex case involved numerous players but was not resolved until the patient's certificates were cancelled and she was discharged from the facility. Happily, this occurred before substantial impoundment fees accrued for her vehicle.

Many complaints fall beyond the legislated mandate of our office. Some of these are readily resolvable through referrals to other services having authority to deal with the concerns. Such was the case when a complaint involved being inappropriately charged for ambulance services in an instance where the individual was apprehended under the **Mental Health Act**. Unfortunately, resolution mechanisms are less apparent for other non-jurisdictional concerns. Occasional allegations, for example, have been made over the years regarding perceived abuses of the section 10 apprehension provision of the **Mental Health Act**. These complaints usually involve custody disputes and allege that even though individuals do not meet certification criteria they are nonetheless apprehended and detained for psychiatric examination under this section of the **Act.** Most are released shortly after their arrival at the assessing hospital but the apprehension information is used against them in subsequent child custody hearings. While this is not a frequent complaint our office is aware of no available remedy to address these allegations and we generally refer callers to the Family and Youth Court or practising legal counsel for further advice on the matter.

More common issues include systemic problems cited in previous annual reports. The office continues to receive frequent calls concerning social/financial problems despite repeated infusions of money into the social support network. Some of these concerns involve cost requirements for clinical assessments and many entail dissatisfaction with funding under the AISH program. Confusion also remains in some facilities about procedural requirements inherent in the certification process. These uncertainties are exacerbated by staff turnover and inevitably lead to occasional unlawful detentions — often resulting from the lack of fastidious attention to the requirement of having both Admission Certificates completed within prescribed timelines. In some instances patients arriving in hospital under a Form 8 or Form 10 have only one Admission Certificate completed rather than the two required by the **Act.** Even when two certificates are issued both admission documents are not always completed within 24 hours of the patient arriving at the designated facility, thus rendering the certificates invalid. These instances are usually resolved as soon as hospital staff are confronted with the relevant provisions of the **Act** but continued monitoring and education are required to ensure that patients are not held illegally, with concomitant risks to facilities of being open to charges of unlawful detention (and possible battery if treatment is administered during the time patients are illegally detained). A couple of designated facilities have requested that our office offer informal in-service sessions to familiarize staff with the **Act's** requirements in this regard, and these services have been provided.

Violations of **Mental Health Act** provisions are more likely to occur when patients are detained on medical as opposed to psychiatric units. These situations seem more commonplace in recent years — either because patients have prevailing somatic medical needs or because of overcounts on the psychiatric units. Even in cases where certification procedures have been correctly completed patients were often not informed of and have thus been denied their rights of appeal, nearest relatives or designates were not notified of patients' involuntary detention and certificate copies have not been provided to principal parties as prescribed in the **Mental Health Act**. Staff on medical units are generally unfamiliar with **Mental Health Act** provisions, and there appears a need in several regional facilities for better liaison between the psychiatric and medical units in order that formal patients detained on non-psychiatric wards are correctly certified and duly informed of their rights as required by law.

Formal psychiatric patients are also frequently detained in emergency departments because of overcounts on the psychiatric units. Our contacts with regional hospitals have revealed as many as eight formal patients at a time being held for up to three days in emergency areas before being transferred to appropriate in-patient services. Pressures to certify patients in order to legally detain them in emergency departments can lead to inappropriate certifications.

In addition, concern has been expressed that these incoming patients do not receive timely psychiatric care. Hospital officials have observed that these problems increased during 1999 as service demands exceeded allocated resources. The recent creation of additional 'holding' beds may serve to alleviate pressures in some regions but this solution potentially increases the frequency of patient transfers upon admission. This in turn can also create difficulties with the certification process, as observed in previous annual reports.

Turning from concerns and complaints towards more positive systemic news, services for formal patients were expanded during 1999 with designation of the Claresholm Care Centre and the commencement of formal patient admissions to that facility early in the year. A presentation was made last spring to Claresholm staff on the services offered by the Patient Advocate Office. Provisions of the **Mental Health Act** were also reviewed by way of assisting in the orientation of facility personnel to the responsibilities entailed in their newly designated status. Claresholm's designation brings to 14 the number of facilities now able to admit and detain patients certified under mental health legislation in Alberta.

The issue outlined in last year's report involving the question of whether Renewal Certificates can be appealed to the Review Panel after an Originating Notice has been filed with the Court of Queen's Bench has reached tentative closure. Through the assistance of Legal and Legislative Services an independent legal opinion supporting formal patients' right of appeal in such situations was obtained and circulated to all principal parties, and it is hoped that this matter has now been resolved.

Finally, other good news reflects the Legal Aid Society's expansion of their duty counsel model of service delivery which has worked so well in the Edmonton and Ponoka regions to other parts of the province. As noted in previous reports, the Patient Advocate Office has repeatedly recommended that this duty roster system be extended in order to better serve psychiatric patients throughout the province, and we are delighted to commend the Legal Aid Society for enhancing their services to mental health clientele in this regard.

A. General

Statistical summaries of Patient Advocate Office activities for the 1999 calendar year are provided in **Table I**. These data comprise a combination of resource service and case file activities undertaken during the year. Unless otherwise noted the proportions and breakdowns presented are comparable with previous years' findings.

Table I

Resource Services		Case Files	
Issues	708	Issues	1,456
Contacts	526	Contacts	1,674
		New Files	287

Overall Activity	
Total Issues	2,164
Total Contacts	2,200

A total of 2,200 telephone, written and personal contacts with Alberta citizens were handled by the Patient Advocate Office during 1999. These contacts represent a six per cent decrease from those documented last year and involved the addressing of 2,164 independent issues. Overall issues also dropped six per cent during the year. These differences are not dramatic and simply reflect normal year to year variances. Issues are broken down by category in **Figure I.** These categories are approximate since many matters can be classified in more than one way, depending on the relative emphasis involved. The historical trend of incoming issues, revealing a continuation of the relative plateau in office activity observed over the past four years, is shown in **Figure II**.

Issues addressed during 1999 covered a similarly wide range of topics as was witnessed in previous years; some of these receive more detailed discussion in the earlier 'Comments' section of this report. Issues involving hospital privileges, treatment/medication matters, administrative polices and social/financial problems continue to comprise common concerns. As in previous years, however, the preponderance of presenting problems were legal in nature, reflecting ongoing emphases on the involuntary apprehension, detention and treatment provisions of the **Mental Health Act**.

Figure I

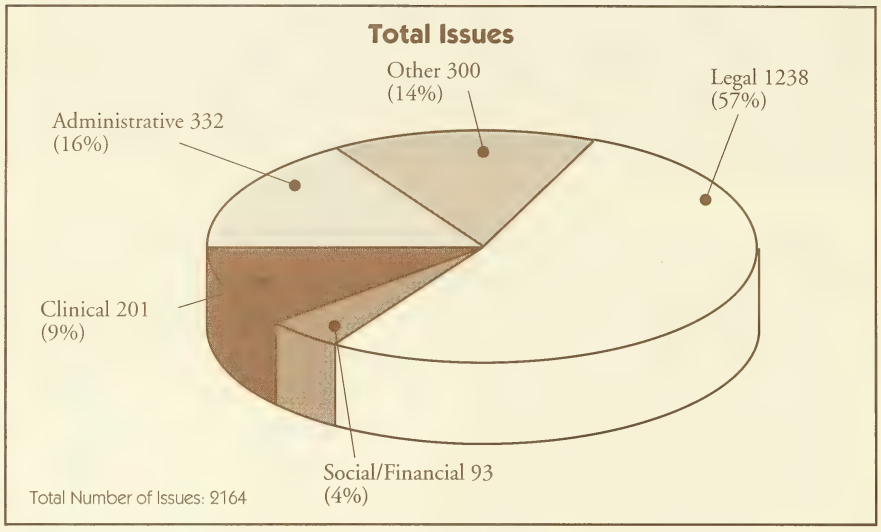
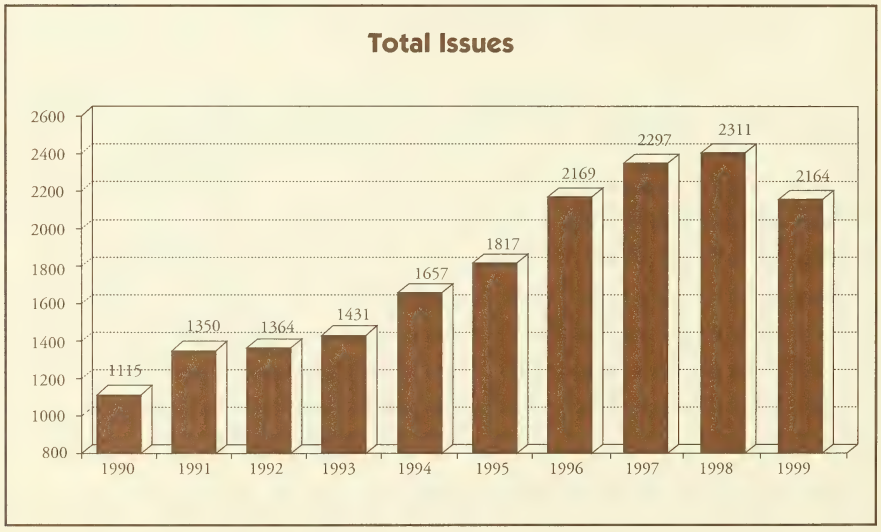


Figure II



B. Resource Services

A total of 526 non-case related resource service contacts were documented during the year. This represents nearly 19 per cent fewer resource calls than recorded in 1998. Individual issues or problems presented in the context of these collective resource service requests totaled 708 and also reflect a 19 per cent decrease from the number addressed last year.

Resource services comprise both office initiated and response related activities in which the office is used as an information source for persons seeking advice on individual problems or systemic matters relating to psychiatric services. Case files are not opened in these instances since callers are not concerned with specific patients detained in designated mental health facilities. Most resource service requests come from individual citizens, but many emanate as well from a diverse range of agencies, government departments, legal firms, professional associations, MLA offices, consumer organizations and health or social service providers across the province. Some also come from concerned citizens, agencies and officials in other jurisdictions.

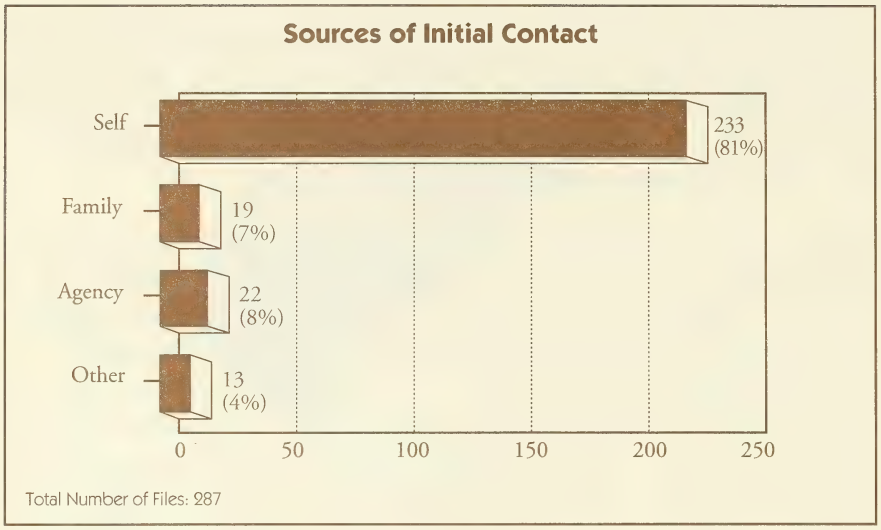
Occasional public presentations by office staff were made during the year, and proactive visits to designated facilities around the province have continued in addition to the on-site contacts conducted for the purposes of investigating individual and collective complaints. The monitoring of public inquiries for patients in designated psychiatric facilities has also continued upon routine notification of these proceedings from authorities in Alberta Justice. Two fatality inquiries were personally attended by the Patient Advocate during the year and the results of a third were communicated to the Advocate's office by the Chief Medical Examiner.

C. Case Work

Case files involve inquiries and investigations concerning patients currently or recently residing in designated mental health facilities. New case files opened during 1999 totaled 287, reflecting an increase of over 13 per cent from the cases documented in 1998. The number of problems presented for resolution (1,456) and the contacts required to resolve these case related concerns (1,647) are both nearly identical to the respective figures recorded last year. An average of six contacts per file were required to resolve case related matters and this is somewhat lower than the averages recorded in recent years.

Figure III provides a breakdown of initial case contacts, showing the numbers and proportions coming from patients themselves, family members and agencies on their behalf, or alternate sources such as friends, neighbors, landlords, other patients, concerned citizens, etc. As in previous years most cases (81 per cent)

Figure III



were self referred. Over 89 per cent of initial case contacts consisted of telephone inquiries; most of the remaining represent personal contacts deriving from our routine visits to psychiatric hospitals. Only a few initial case contacts (about three per cent) were received in written form.

Figure IV describes the legal status of patients for whom case files were opened during the year. The term 'Other Involuntary' denotes patients under compulsory detention in designated mental health facilities by way of Disposition Orders from the courts or Forensic Boards of Review, Compulsory Care Orders under the **Dependent Adults Act**, or single Admission Certificates pursuant to the **Mental Health Act**. These patients, as well as those admitted on informal or voluntary status, remain non-jurisdictional for our office. The term 'Other' represents a catch-all category for patients not falling into any of the other classifications. It denotes persons currently or recently in hospital whose legal status was either irrelevant to the presenting problem or undetermined due to lack of information from the complainant. Over 81 per cent of case file requests for assistance involved currently certified patients, significantly higher than the proportions recorded in previous years.

Figure IV

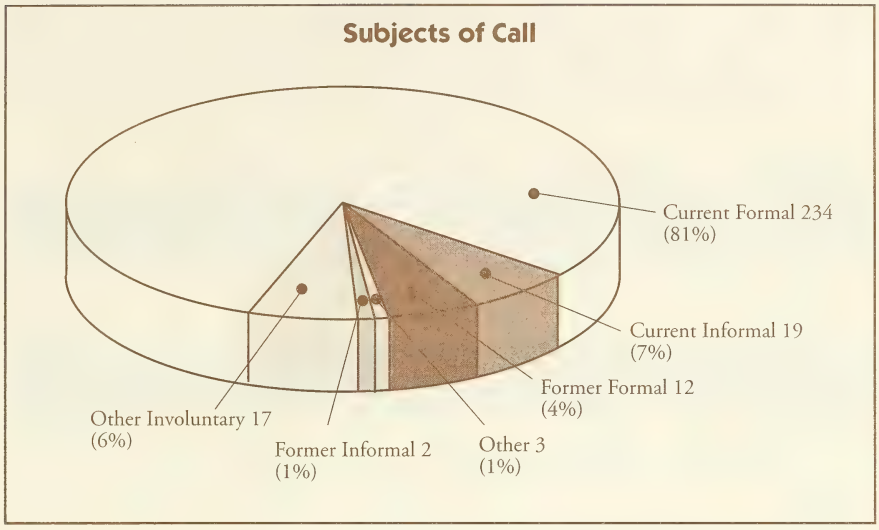


Table II speaks to the disposition of case related issues addressed during 1999, illustrating outcomes independently for jurisdictional and non-jurisdictional matters. Of the 1,456 case related issues presented to the office, 1,245 or 86 per cent were jurisdictional — a figure identical to that recorded last year. Similarly, over 81 per cent of all presenting problems were 'resolved', but as in previous reports this does not necessarily reflect complete consumer satisfaction in every instance. Rather, it denotes actions and outcomes which capture all that might reasonably be accomplished by an advocacy service relative to the matters presented for assistance and/or resolution.

Table II
Issues — Disposition

Period January 1 – December 31, 1999

Disposition	Jurisdictional	Non-Jurisdictional	Total No.	%
R	1130	52	1182	81
U	9	3	12	1
D	19	7	26	2
D & R	72	144	216	14.5
NR/NA	11	3	14	1
NR/RNF	4	2	6	0.5
Total Issues	1245	208	1456	100

Legend:

R — Resolved (fully or partially; see previous note)

U — Unsubstantiated
(verification not obtained, or issue remains sufficiently undefined as to preclude pursuit)

D — Discontinued
(inquiries/investigation dropped by the office or complainant due to lack of ability/need to further pursue; this can include an inability to establish jurisdiction)

D&R — Declined and Referred
(pertains primarily to non-jurisdictional issues when information or informal assistance are inappropriate or insufficient to resolve the matter; for jurisdictional concerns, denotes either that the patient is capable of pursuing remedy via established mechanisms but has made no attempts to do so, or that ultimate resolution is beyond the scope of office authority)

NR/NA — Not Resolved
(remedy not available)

NR/RNF — Not Resolved
(recommendations not acted upon, or investigation/follow-up not yet completed)

D. Agency Contacts

The Patient Advocate Office deals with a wide range of individuals, offices and agencies each year. The following is a listing of most major sources other than individual complainants with which the office had direct contact during 1999.

Government Departments and Offices

Alberta Agriculture, Food and Rural Development
- Farmer's Advocate

Alberta Alcohol and Drug Abuse Commission

Alberta Community Development
- Human Rights and Citizenship Commission

Alberta Health and Wellness
- Communications
- Corporate Services
- Deputy Minister
- Finance and Health Plan Administration
- Health Facilities Review Committee
- Health Information and Accountability
- Health Strategies
- Health Workforce Services
- Legal and Legislative Services
- Library Services
- Mental Health Review Panels
  - Calgary
  - Edmonton
  - Ponoka
- Minister
- Protection of Persons in Care Coordinator
- Provincial Health Council

Alberta Human Resources and Employment
- Assured Income for the Severely Handicapped
- Children's Advocate
- Fraud Unit
- Library Services
- Public Guardian
  - Provincial Office
  - Regional Offices
- Social Care Facilities Review Committee

Alberta Infrastructure
- Driver Control Board

Alberta Justice and Attorney General
- Chief Medical Examiner
  - Calgary
  - Edmonton
- Crimes Compensation Board
- Crown Prosecutor
- Fort Saskatchewan Correctional Centre
- Library Services
- Public Trustee

Alberta Learning
- Career Development Centre

Alberta Legislative Library

Ethics Commissioner

Information and Privacy Commissioner

MLA Offices:
- Hung Kim Pham (Calgary-Montrose)
- Don Massey (Edmonton-Millwoods)
- Walter Paszkowski (Grande Prairie-Smoky)

New Democrat Opposition Office

Premier's Council on Persons with Disabilities

Provincial Health Ethics Network

Provincial Legislature
- Ceremonial and Security Services

Provincial Ombudsman

Public Affairs Bureau

Queen's Printer

Other Government Departments and Offices

British Columbia Ministry of Health
- Mental Health Advocate
- Mental Health Services
- Policy and Planning
- Special Health Law Consultant

Government of Canada
- Canada Post
  - Ombudsman
- Federal MP Offices
  - Peter Goldring (Edmonton-East)
  - Rahim Jaffer (Edmonton-Strathcona)
- Transport Canada
  - Air Security

New Brunswick Legislative Library: Fredericton

New Brunswick Ministry of Health
- Psychiatric Patient Advocate: Moncton

Ontario Ministry of Health
- Psychiatric Patient Advocate: Toronto

Quebec National Assembly

Facilities

- Alberta Hospital Edmonton
- Alberta Hospital Ponoka
- Cross Cancer Institute
- Claresholm Care Centre
- Edmonton General Hospital
- Foothills General Hospital: Calgary
- Grey Nuns Hospital
- Lethbridge Regional Hospital
- Medicine Hat Regional Hospital
- Misericordia Hospital
- Northern Lights Regional Health Centre: Ft. McMurray
- Peter Lougheed Centre: Calgary
- Queen Elizabeth II General Hospital: Grande Prairie
- Rockyview General Hospital: Calgary
- Royal Alexandra Hospital
- University of Alberta Hospitals

Community Agencies and Organizations

- Alberta Civil Liberties Resource Centre
- Alberta Community Living Association
- Alberta Psychiatric Association
- Alberta Vocational College: Lac La Biche
- Association for the Awareness and Network Around Disorder Eating
- Calgary Association of Self Help
- Canadian College of Health Service Executives: Ottawa, Ontario
- Canadian Mental Health Association
  - Provincial Office
  - Regional Offices
- Centre for Addictions and Mental Health: Toronto, Ontario
- Child and Adolescent Services Association
- Citizen's Commission on Human Rights
- College of Physicians and Surgeons of Alberta
  - Advocate Office
- Davies, Park
- Edmonton City Police
- Excel Resources society
- Fairmont Apartments
- FILA Advocacy Group
- Grande Prairie College
- Grant MacEwan Community College
- Justice Foundation of Canada
- Landlord and Tenant Advisory Board
- Legal Aid Society of Alberta
  - Provincial Office
  - Regional Offices
- Lord Russell Association of Independent Law Practices: Calgary
- McMaster University: Hamilton, Ontario
- Mount Royal College: Calgary
- Provincial Health Authorities of Alberta
- Provincial Mental Health Advisory Board
  - Mental Health Consumer Advocate: Fort McMurray
  - Provincial Office
  - Regional Clinics
- Regional Health Authorities
  - Calgary
    - Mental Health and Psychiatric Services
  - Capital
    - Environmental Health
    - Patient Concerns
  - Chinook
  - Crossroads
    - Wetaskiwin Health Unit
  - David Thompson
  - Headwater
  - Mistahia
  - Northern Lights
  - Palliser

- Royal Canadian Mounted Police
  - 'K' Division
  - Missing Persons: Fort Saskatchewan
- Schizophrenia Society of Alberta
  - Calgary Office
  - Edmonton Office
  - Unsung Heroes (Support Group)
- Schizophrenia Society of Canada: Saskatoon, Saskatchewan
- Seniors Health Line
- Support Network
  - Community Service Referral Line
  - Crisis Response Team
- University of Alberta
  - Faculty of Extension
  - Faculty of Law
  - Faculty of Medicine and Dentistry
  - Faculty of Nursing
  - Social Services Department
  - Student Legal Services
- University of Calgary
  - Faculty of Law
  - Faculty of Medicine
  - Faculty of Social Work
  - MacKimmie Library
- University of Lethbridge
- University of New Brunswick: Fredericton
  - Gerard La Forest Law Library
  - Harriet Irving Library

Media Contacts

- CBC Radio
- Edmonton Journal
- Edmonton Sun
- Information Network: Ottawa, Ontario
- QR 77 Radio: Calgary
- Southam Information and Technology Group: Don Mills, Ontario

Index to Appendices

Rights Summary for Formal Patients

If you are a formal (involuntary) patient under the **Mental Health Act** you have numerous rights. The Mental Health Patient Advocate Office has summarized a few of these rights for your information.

Rights Regarding Your Detention

You have the right to be informed of the reasons for your involuntary detention, and to receive copies of your admission or renewal certificates.

You have the right to appeal being kept in hospital against your will by applying to the Review Panel.

> The hospital will provide you with the name and address of the Review Panel Chairman, an application for review (Form 12), and any assistance you may require in making your application to the Review Panel.

You and your lawyer **have the right** to be present when evidence is given at the Review Panel hearing, and to question any person who gives evidence.

You have the right to appeal a decision of Review Panel to not cancel your admission or renewal certificates.

Rights Regarding Your Treatment

You have the right to refuse a treatment if you are mentally competent to make your own treatment decisions.

> If you object to treatment, your doctor may apply to the Review Panel. The Review Panel will review your situation, and either support your objection or support your doctor's application for a compulsory treatment order.

You have the right to apply to the Review Panel for a hearing to appeal your doctor's certificate (Form 11) stating that you are not mentally competent to make your own treatment decisions.

You and your lawyer **have the right** to be present when evidence is given at Review Panel hearings, and to question any person who gives evidence.

You have the right to appeal a treatment order or other written decision of the Review Panel.

General Rights

You have the right to contact and receive visits from your lawyer at any time.

You may arrange legal representation for your Review Panel hearing if you so desire. Appeals of Review Panel decisions are made to the court of Queen's Bench, and will require the assistance of a lawyer.

You have the right to confidentiality for all clinical records pertaining to your care in hospital, and for any communications written by you or to you. Hospital staff cannot open, read, withhold or interfere with the delivery of your correspondence.

You have the right to receive visitors during visiting hours fixed by the hospital unless your doctor thinks that visitors would be harmful to your health.

You have the right to contact the office of the Mental Health Patient Advocate regarding any questions or concerns that you might have with respect to your rights or care while in hospital.

For additional information call the Mental Health Patient Advocate Office at:

- Edmonton: **(780) 422-1812**
- Other Centres in Alberta:
  dial **310-0000-422-1812**
  (No long distance charges apply)

Budget and Expenditures

Fiscal Year	Budget Allocation	Annual Expenditure	Surplus*
1990 – 91	358,518	243,810	114,708
1991 – 92	385,485	262,944	122,541
1992 – 93	385,189	256,359	128,830
1993 – 94	322,324	192,819	129,505
1994 – 95	299,000	176,759	122,241
1995 – 96	299,000	193,217	105,783
1996 – 97	262,000	186,816	75,184
1997 – 98	267,000	211,758	55,242
1998 – 99	285,000	226,634	58,366
1999 – 2000	296,000		

*Surplus returned to General Revenue

Mental Health Act

Designation of Facilities

The following hospitals are designated under the **Mental Health Act** as facilities for the care, observation, examination, assessment, treatment, detention and control of persons suffering from mental disorder:

- The Alberta Hospital Edmonton;
- The Alberta Hospital Ponoka;
- The Claresholm Care Centre;
- The Foothills Provincial General Hospital, Calgary;
- Grey Nuns Hospital, Edmonton;
- Lethbridge Regional Hospital;
- Medicine Hat Regional Hospital;
- Misericordia Hospital, Edmonton;
- Northern Lights Regional Health Centre, Fort McMurray;
- Peter Lougheed Centre, Calgary;
- Queen Elizabeth II Hospital, Grande Prairie;
- Rockyview General Hospital, Calgary;
- Royal Alexandra Hospital, Edmonton;
- University of Alberta Hospitals, Edmonton.

The Forensic Services of the Peter Lougheed Centre and the Alberta Hospital Edmonton are designated as facilities for the purpose of section 13 of the **Act.**

Part 6 — Mental Health Patient Advocate

Definition

44 In this Part, "Patient Advocate" means the Mental Health Patient Advocate appointed under section 45.

Patient Advocate

45(1) The Lieutenant Governor in Council shall appoint a Mental Health Patient Advocate, who shall investigate complaints from or relating to formal patients and exercise such other powers and perform such other duties as are prescribed in the regulations.

(2) The Lieutenant Governor in Council may make regulations

(a) respecting the powers and duties of the Patient Advocate;

(b) requiring boards to make available any information referred to in the regulations for the purpose of an investigation by the Patient Advocate.

Employees and advisors

46(1) In accordance with the Public Service Act there may be appointed any employees required to assist the Patient Advocate in performing his duties under this Act.

(2) The Patient Advocate may engage the services of lawyers, psychiatrists or other persons having special knowledge in connection with his duties under this Act.

Annual report

47(1) As soon as possible after the end of each year, the Patient Advocate shall prepare and submit to the Minister a report summarizing his activities in that year.

(2) On receiving a report under subsection (1), the Minister shall lay a copy of the report before the Legislative Assembly if it is then sitting, and if not, within 15 days after the commencement of the next ensuing sitting.

Mental Health Act

Patient Advocate Regulation

Table of Contents

Definitions

1 In this Regulation,

(a) "Act" means the Mental Health Act;

(b) "formal patient" includes a person who has been a formal patient;

(c) "Patient Advocate" means the Mental Health Patient Advocate appointed under the Act.

Delegation

2 The Patient Advocate may in writing delegate to any person holding any office under him any power or duty conferred or imposed on him under the Act or the regulations under the Act, except the power of delegation in this section and the power or duty to make any report under the Act or regulations.

Power to act on a complaint relating to a formal patient

3(1)On receipt of a complaint from or relating to a formal patient, the Patient Advocate

(a) shall notify the board of the facility in which the formal patient is detained of the nature of the complaint,

(b) shall notify the formal patient, in writing, that a complaint has been received, of the nature of the complaint and of any investigation arising from the complaint,

(c) if a person other than a formal patient is named in the complaint, shall notify that person of any investigation arising from the complaint, and

(d) shall make any contact with the formal patient and conduct any investigation of the complaint that the Patient Advocate considers necessary.

(2) If a complaint relates to a formal patient who has been transferred from one facility to another, the notice under subsection (1) (a) shall be provided to the boards of both facilities.

(3) A formal patient and a person who has received notice of an investigation under subsection (1) (c) has the right to make representations to the Patient Advocate relating to the complaint.

(4) The Patient Advocate may investigate a complaint only as it relates to the period during which the person who is the subject of the complaint was subject to 2 admission certificates or 2 renewal certificates.

(5) On receipt of a complaint, the Patient Advocate shall provide to the formal patient and to the complainant, as far as is reasonable, information respecting the following:
   (a) the rights of the formal patient under the Mental Health Act;
   (b) how the formal patient may obtain legal counsel;
   (c) how to make an application to the review panel;
   (d) how to commence an appeal to the Court of Queen's Bench.

Power to initiate an investigation without a complaint

4 The Patient Advocate may, without receiving a complaint, initiate and conduct an investigation into
   (a) any procedure of a facility relating to the admission of a person detained in the facility pursuant to the Act, and
   (b) any procedure of a facility
      (i) for informing a formal patient of his rights, or
      (ii) for providing information as required by the Act to guardians, nearest relatives or designates of a formal patient.

Procedures

5(1) The Patient Advocate

(a) shall maintain a record relating to every complaint and every investigation under this Regulation, and

(b) may make any inquiries he considers necessary to conduct an investigation.

(2) The Patient Advocate shall notify the board of a facility of his intention to contact a patient or a formal patient of the facility and the board shall grant the Patient Advocate access at all reasonable times.

(3) The Patient Advocate shall notify the board of a facility of his intention to carry out an investigation that relates to the facility, whether the investigation arises pursuant to section 3 or 4.

(4) The Patient Advocate is not required to hold a hearing.

(5) If the Patient Advocate requests in writing from the board of a facility

(a) any policy or directive of the facility,

(b) any medical or other record or any information, file or other document relating to a patient or a formal patient who is the subject of an investigation under section 3 or 4, or

(c) any other information, file or document relating to an investigation under section 3 or 4,

the board shall, within a reasonable time after receipt of the request, provide access to the materials requested.

(6) If the Patient Advocate so requests, the board shall provide a copy of any materials requested under subsection (5).

Disclosure

6 The Patient Advocate shall not disclose information obtained in the course of an investigation except as required by law or in the performance of his duties under the Act or this Regulation.

Report

7(1) On completion of an investigation, the Patient Advocate shall prepare and send to a board a copy of the report of the investigation.

(2) A report that contains recommendations shall state the reasons for the recommendations.

(3) If a report is sent to a board under subsection (1) and within a reasonable time after the report is sent to the board the Patient Advocate is of the opinion that the board has not taken appropriate action on any recommendation, the Patient Advocate shall send a copy of the report and the board's response, if any, to the Minister.

Frivolous complaint

8 The Patient Advocate may refuse to investigate or cease to investigate a complaint if in his opinion

(a) the subject matter of the complaint is trivial,

(b) the complaint is frivolous or vexatious, or

(c) having regard to all of the circumstances, no investigation is necessary.

Notice to complainant

9 The Patient Advocate

(a) shall inform a formal patient of the disposition of any complaint that relates to the formal patient, and

(b) may inform a complainant of the disposition of any complaint initiated by the complainant.

Coming into force

10 *This Regulation comes into force on January 1, 1990.*